## CITY OF RIDGECREST Application for Citizen Service

As a member of:  Planning Commission  Handicap Access Appeals Board  Measure 'L' Advisory Committee	Personnel Commission Construction Appeals Board Other
SPECIAL QUALIFICATION REQUIREMEN	<u>ıT</u>
Are you representative of any of the following Physically Disabled Architect Lay Member of the Public Specialty Contractor (other than one from	Structural Engineer General Contractor
Date:Home Phone:	Work Phone:
E-mail:	Cell Phone:
Name:	
Address:	
Occupation:	
Why are you interested in this position?	
What do you consider to be your major qual	ification(s)?
Are there any days or work day evenings yo	ou could NOT meet? If so, please list:
Please list any additional information you fee	el would be useful to the City Council
Please return completed form to:	
City Clerk City of Ridgecrest 100 W California Ave Ridgecrest, CA 93555	Applicant's Signature